# Type or print in ink. Amounts may be rounded to whole dollars.

ATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	SENDENI EX	ENDITORI	EKEFOKI
NAME OF FILER Reform California					Date of This Filing05/19/2018		Date Stamp	CALIFO		49 <u>6</u>
AREA CODE/PHONE NUMBER (619)806-0698			I.D. NUMBER (if applicable) 1268914		Report No			For Official Use Only		
STREET ADDRESS					Page 1 of 15  Amendment to Report No					
CITY San Diego		STATE CA			(explain below)  No. of Pages15					
1. List Only One Ca	andidate or Ballot M	easure						•		
NAME OF CANDIDATE SUPPORTED OR OPPOSED					NAME OF BALLOT MEASU Gas Tax Repeal	SURE SUPPORTED OR OPPOSED				
OFFICE SOUGHT OR HELD/DISTRICT NO.			SUPPORT	OPPOSE		BALLOT NO./LETTER TBD	JURISDICTION Statewide		SUPPORT X	OPPOSE
2. Independent Exp	enditures Made	Attach additional info	ormation on app	ropriately labe	eled continu	ation sheets.				
DATE	DATE DESCRIPTION O			F EXPENDI	TURE		AMOUNT			
05/02/2018	SAL							\$3,082.16		
05/03/2018	POS							\$140.00		
05/04/2018	OFC							\$1,323.80		
05/08/2018	CNS							\$1,572.54		
05/08/2018	MTG							\$318.27		

Reason for Amendment:

CALIFORNIA 496

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SCC

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